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ORIGINAL COMMUNICATIONS.

CASES OF MULTILOCULAR CEREBRO-SPINAL SCLEROSIS.

BY GEORGE S. GERHARD, M.D.,

Physician to the Orthopædic Hospital and Infirmary for Nervous Diseases.

CASE I.—Samuel A., æt. 57, a native of Ireland, and a blacksmith by trade, was admitted into the out-patient department of the Infirmary for Nervous Diseases on September 17, 1876, and gave the following history. His health had always been good until about seven years ago, when, after no known cause, he began to lose power in the legs. One year after this his arms grew weak, and he then observed for the first time that any movement of the upper or lower extremities was accompanied by tremor. At a somewhat later period his speech became affected. The weakness of his limbs and the trembling gradually increased, until finally about four years ago he was obliged to give up work.

On admission there is decided loss of power in the upper and lower extremities, and upon his attempting to use either, a large and jerky tremor is developed. He walks with the assistance of a cane, but his movements are slow, and his feet clear the ground with much difficulty. His grip, particularly that of the right hand, is feeble, squeezing the dynamometer with the former to 100° and with the latter to 110°. In the upper extremities the trembling is especially well shown during the performance of an act requiring some little time for its execution, such as lifting a glass of water to the mouth. The tremor also involves the muscles of the head and trunk, but it ceases entirely when the patient is in a state of absolute repose. There is no muscular wasting, no loss of electrical response, and no disturbance of sensibility.

His mental faculties are decidedly impaired, and his speech is thick and deliberate, there being a decided interval between each word. His eyesight is poor, and examination of the fundus reveals commencing atrophic changes, as shown by attenuation of the vessels and a general pallor of the optic disk; there is also slight nystagmus. The unsteadiness of gait and the tremor are not increased by closure of the eyes. His urine is in all respects normal, and he has no loss of control over the bladder or bowels.

Case II.—Elizabeth P., æt. 37, a widow, and a native of Ireland, was admitted for the second time as an out-patient on September 14, 1876.

She is a badly-nourished, meagre-looking person, but presents nothing remarkable in her previous history other than that she has had to work hard for her living and has suffered much from mental anxiety. Her present troubles began two years ago, when she observed that in walking she dragged her right foot, then her left leg grew weak, and in turn her right and left arm. Soon afterwards, trembling during voluntary movements was noticed in the arms, but not in the legs until about eight months ago. She has suffered a good deal from giddiness, and about one year ago her face was found to be drawn to the left.

On admission there is paralytic weakness of the upper and lower extremities, accompanied by tremor during voluntary movements which at times is quite violent. In walking, her back is bent forwards and the feet are dragged in such a manner as to appear as if they had weights attached to them. All changes of posture are accomplished with much difficulty and with much deliberation. The muscles are all fairly well developed and retain their normal electric reaction. After being in the recumbent posture for any length of time, she is troubled with a feeling of stiffness in the muscles of the legs, but there are no spasmodic jerkings. Sensibility is undisturbed.

Her memory is somewhat impaired, but her intellectual faculties appear to be preserved. She complains of vertigo, but is free from pain in the head. She has no speech-difficulty, and there is nothing remarkable in the appearance of her face beyond that due to the right facial palsy. Her vision is somewhat impaired, and the examination of the eye-ground which was kindly made for me by Dr. Albert G. Heyl reveals (as in Case I.) signs of commencing atrophy. There is no nystagmus, and there has never been double vision. Her urine is normal.

Case III.—Elizabeth C., æt. 49, born in Philadelphia, a widow, was admitted on March 20, 1876.

As in the preceding case, this patient presents a history of long-continued mental anxiety, incident to the nursing of her husband through a prolonged illness and to the bad health of several of her children; but she does not appear to have been laid up until the present time. About three years ago she was taken with muscular trembling, and shortly afterwards she observed that she was growing weak in the limbs; but she was not forced to give up her work—that of a seamstress—until about six months ago. She states that she has never had uterine or menstrual disorder, and that the change of life has not yet taken place.

She has now weakness of the extremities, particularly of the lower, associated with marked and oftentimes violent tremor on voluntary movement. Her muscular development is good, and there is no disturbance of

sensibility. Her gait is somewhat shuffling, and there is some tendency to festination. There are no cerebral symptoms, with the exception of occasional attacks of vertigo. Her eye-ground is normal.

Case IV.—Charles W., æt. 46, an American, and by occupation a farmer, was admitted on September 13, 1876, and presented the following history, which—in consequence of his impaired memory—is unfortunately very incomplete.

For many years he had suffered from bleeding hemorrhoids, and as a result of this his health had been much undermined; but he does not appear to have been laid up until after his present troubles began. About four years ago he was taken with a "twitching in the back" on exertion, and increasing weakness of the lower limbs. Some time afterwards the arms began to grow weak.

On admission he has a stupid, semi-idiotic appearance, and answers questions in a slow, drawly sort of way. His eyesight is poor, but there is no nystagmus and no double vision. While he is in the sitting posture there is decided tremor of the head, but none of the extremities. In the effort of rising, however, the whole body is agitated, and continues to be so until the movements of volition are suspended. He walks with his body bent forwards, and has difficulty in clearing the ground of his feet. The loss of power in the upper extremities is also marked, the grasp of the hand of both sides being very feeble, as shown by the record of the dynamometer: R. 105°, L. 95°. He has a subjective feeling of numbness in the hands and feet, but sensibility when tested by the compass-points is found to be quite normal.

Remarks.—The cases reported above are well-marked examples of a very interesting and uncommon disease, and of one which, singularly enough, was not minutely described until 1862, when Vulpian and Charcot published a series of cases. Before this time isolated cases had been reported, the first by Cruveilhier in 1835, but the disease was not acknowledged to be a distinct one until after the appearance of the reports alluded to, and even then its recognition was entirely confined to France and Germany. This seems strange to us, now that we know that the disease has a definite lesion and is accompanied by a pretty constant train of symptoms. It must be borne in mind, however, that from the nature of the lesion the symptoms known to be peculiar to the disease may be greatly modified by being mixed up with those belonging to other disorders of the cerebro-spinal axis. The lesion—so minutely and accurately described by Charcot in his Clinical Lectures on Diseases of the Nervous System—consists in the development of sclerotic patches, or islands, in the substance of the brain and cord. These islands are irregular in form, and in the cord are scattered, generally, throughout its whole length, and without respect to its division into columns and gray matter. Some preference, however, is shown for the antero-lateral columns. In the brain a much more decided preference is shown for certain regions, but even here the patches are occasionally found freely disseminated in all parts, with the exception of the gray matter of the convolutions, where they are seldom, if ever, found. The chosen parts are the walls of the lateral ventricles, the septum lucidum, the pons, and the floor of the fourth ventricle. These morbid foci are not made up of new elements, but are the result of a localized hyperplasy of the normal connective tissue, and of its gradual substitution, through compression and absorption, for the nervous tissue proper.

From such an indiscriminate scattering of the patches throughout the substance of the brain and cord, the protean type of the disease is not to be wondered at: indeed, it is remarkable that there are any distinctive features at all.

Three forms of the disease have been recognized,—the cerebral, spinal, and mixed or cerebro-spinal; but I shall limit my remarks to the latter, as being the one most frequently met with, and as having a direct bearing upon my own cases.

In glancing over the symptoms presented by the cases, it will be seen that the most striking are increasing loss of power in the extremities, accompanied by a peculiar form of tremor, developed by voluntary movements, and unaccompanied by disturbance of sensibility. These, of all the symptoms of sclerosis in scattered patches, are usually the most prominent, and are the ones chiefly concerned in enabling us to distinguish the disease from other forms of cerebro-spinal disorder. The other symptoms are referable to the head. They are vertigo, a peculiar difficulty of articulation, disturbance of vision, nystagmus, and a characteristic facies.

The tremor, which was so marked a symptom in all of the cases reported above, generally follows the paralytic weakness; but it is occasionally found to have begun with it, or even to have preceded it. Its most striking peculiarity, and the one which

at once distinguishes it from all other forms, is that it occurs only during the willed movements of the patient, and ceases when he is in a state of absolute repose,—as, for instance, that of the recumbent posture. In the sitting posture, tremor of the head and trunk will be seen, because a degree of muscular effort is required to keep them erect, but the extremities are as quiet in this posture as in the recumbent.

In addition to the peculiarity just mentioned, there is another, also separating the tremor of this disease from other forms,—namely, its kind. It is large and rhythmical, resembling, in some respects, the disorderly movements of chorea,—so much so that at one time multilocular sclerosis was called choreiform paralysis. The points of difference, however, now known to exist between the two disorders are so numerous and well defined as to preclude the possibility of an error in diagnosis.

The tremor is seen in its greatest perfection during movements which require some little time for their execution,—such, for instance, as the lifting of a glass of water to the mouth. The hand begins to shake when the glass is seized, but the tremor increases more and more, until, finally, towards the close of the act, it has become almost violent.

The trembling of paralysis agitans differs from that of scattered sclerosis in that it is constant, and, instead of being increased, is rather lessened, by voluntary efforts; it is, besides, smaller and more regular, and seldom, if ever, affects the head.

In sclerosis of the posterior columns, or progressive locomotor ataxia, when the upper extremities are involved, there are certain abrupt and even wild gestures, which may somewhat resemble the movements of disseminated sclerosis; but if we were unable to distinguish the two diseases by their irregular motions, we should find, by going a step farther, that the disturbed power of localization accompanying the former does not, as a rule, exist in the latter, and that the movements of the one, and not of the other, are exaggerated when the patient is directed to close his eyes. Thus, if we were to ask a patient affected with insular sclerosis to close his eyes and place his finger upon a given point of the face, he would, in spite of the increasing tremor, touch the part indicated with accuracy. The hand of an ataxic, however, raised in such a manner, besides being jerked wildly about, would strike wide of the mark. There are, it is true, some cases of scattered sclerosis in which ataxic symptoms are mingled with the symptoms properly belonging to the disease to such an extent as almost to deprive it of its identity; but these are rare, and are the result of an excessive development of sclerotic patches in the posterior columns of the cord.

The paralytic symptoms, always very gradual in their development, begin, as a rule, in the lower extremities, and are occasionally limited, for some time, to one leg. The upper extremities next grow weak, but the loss of power in them advances even more slowly, and rarely, if ever, becomes absolute. In the lower limbs, however, after a very indefinite period of years, the paralysis ultimately becomes complete, but, curiously enough, the sphincters seldom participate. Another peculiarity of this form of paralysis is that it is very seldom accompanied by loss of sensibility. The patient, it is true, often complains of a feeling of numbness in the hands or feet, but this is transitory and subjective.

The sensation of a band about the waist, so often complained of by patients suffering from other spinal disorders, is also very seldom present, and in regard to the electric response of the muscles, it may be said to remain normal throughout the whole course of the disease. A few cases have been observed by Charcot in which wasting of muscles analogous to that of progressive muscular atrophy was noted, and in connection with these he gives the results of two autopsies, in which he found a lesion of the anterior cornua of the gray matter in certain regions of the cord,—a lesion similar to that now known to be associated with the disease mentioned. This is another illustration of what has already been said, that while sclerosis in scattered patches does express itself by a group of constant symptoms, it may also, from the very nature of its lesion, be associated with others differing from it in every particular.

The cerebral symptoms of multilocular sclerosis are, in most cases, well marked and peculiar. They are, as I have said, vertigo, difficulty of speech, disturbance of vision, nystagmus, and a characteristic facies. Vertigo I have found to be a

symptom of common occurrence in the early stage of the disease, though there does not seem to be any particular mention made of it in connection with the cases recorded by others. Impairment of vision is also an early and a very common symptom, and occasionally adds materially to the patient's sufferings. Charcot states, indeed, that it may result in complete blindness. Examination of the eye-ground reveals, in most cases, commencing, or even advanced, atrophic changes.

In regard to nystagmus, Charcot says that it occurs in about one-half of the cases; but I have not been able to verify his statement, as out of twenty or more cases recorded in the books of the Infirmary for Nervous Diseases, during the past two years, I find it mentioned but once, and then it was only feebly pronounced. (Case I.)

The countenance, in the more advanced stage of the disease, is dull, stupid, and strongly expressive of mental inactivity. The physiognomy of the disease, as a whole, indeed, forms a picture pitiable to behold, and never to be forgotten.

In addition to the symptoms above mentioned, there is, occasionally, paralysis of one or more of the cranial nerves, but this is rarely seen, and is due to the development of a sclerotic mass at or near the point of origin of the affected nerve. In Case II., for instance, the right facial nerve was palsied.

Knowing, as we do, that the glycogenic centre is situated in the floor of the fourth ventricle, and knowing that this is one of the chosen seats for the development of the patches of multilocular sclerosis, I have been led of late to examine the urine for sugar in all cases which have come under my observation, but the results have invariably been negative. I still believe, however, that sugar may occasionally be found. The point is, at least, worthy of future inquiry.

The treatment of multilocular sclerosis is, unfortunately, very unsatisfactory. I have seen slight, though not permanent, improvement following the prolonged use of small doses of corrosive sublimate, and a similar result from the employment of nitrate of silver; but the improvement has been so slight as to afford but little encouragement. I have seen the tremor, however, lessened by the exhibition of hyoscyamus in increasing doses; but its controlling power is not to be compared to that which it has in diseases associated with tremor of a purely functional kind.

PERI-NEPHRITIC ABSCESS.

REPORTED BY DR. TRAILL GREEN.

Read before the Medical Society of Northampton County, at its meeting in Easton, October 18, 1876.

MARCH 31, 1876, I was called to attend E. F., a girl aged 13 years, suffering from extreme pain in the right lumbar region. I learned from her mother that she came home on the evening of the 27th, complaining of pain in the right hip, with a limping walk. On the 28th the pain had increased, but she attended school as usual, and assisted in the intervals of school hours in household work in the family of a neighbor. In the evening the pain was still worse, and now was more in the lumbar region than it had been during the day. She retired early, after the application of some domestic remedies. I saw her, as stated above, on the 31st. I found her suffering from pain in the right lumbar region, unable to move upon the bed without help from her mother. She had always been in good health, and was stout and strong for her years. The father and mother have always been in good health, as were all the children, of whom there are eight. No symptoms of strumous disease had appeared at any time in any member of the family.

The girl had been in attendance at school, and had assisted a neighboring woman in her work in the intervals of school-time. It had been part of her work to carry coal from the cellar to the third story of the house. She and her mother referred the attack to this work. There was no disturbance of the general system; the thigh was drawn up and flexed on the pelvis, and the leg on the thigh, with great pain in the knee. This pain was superficial, as she complained when it was touched slightly. There was no swelling and no increase of temperature at the joint. We would naturally ask, Is this a case of coxalgia? Coxalgia does not occur so suddenly, and progresses slowly after it commences. The symptoms are never so severe in the commencement, and many months may elapse without becoming materially worse. I found no elongation of the limb, no flattening of the buttocks, no depression in the lumbar region, and no pain in the hip from pressing the head of the femur into the acetabulum. There was pain in the lumbar region near the vertebræ. Is it caries of the spine? This disease also comes on slowly, with a gradual loss of health; deformity is an early symptom, and the pain is central, increased by pressure on the spinous processes, and is usually in the dorsal region. The gait of the patient is early characteristic of the disease, both limbs are feeble, and the

patient supports the body by resting the hands upon the thighs. This patient could not walk or rise from her bed after the 28th inst., the second day of her illness. I eliminated in this way the supposition that I had a case of caries of the spine.

At this time there was no swelling at the seat of pain in the lumbar region, but great tenderness to the lightest touch. I considered it a purely local disease, directed warm applications to the part, and a purgative, which was repeated on the following day.

April 2.—The pain had become so great that it was necessary to resort to the use of opiates. Morphia was administered, and opiates were continued daily throughout the disease, at times using in place of morphia tincture of opium. She slept but little, and, notwithstanding the use of opiates as freely as I felt safe in using them, she suffered much from pain.

April 4.—I employed chloral and camphor as a local anæsthetic, with some relief.

April 5.—Applied a blister.

April 7.—Action of the heart was accelerated without increase of heat; added to the treatment tincture of aconite internally.

April 9.—Directed a poultice, as the symptoms denoted a commencing suppuration. From this time, for several days, colchicum and opium were administered, and the patient was seen by Dr. Edward Swift, as I was absent from home.

April 15.—I detected fluctuation deep below the surface and near the vertebræ, and, in the presence of Dr. Swift, I thrust in a lancet, and obtained a free discharge of healthy pus. From this time the flow of pus continued till the 4th of May, when it ceased, and the poultice was no longer used. Iron by hydrogen, quinine, and citrate of iron were used, and the patient was carried to the first floor of the house on the 2d of June, where she sat in a chair and enjoyed the society of the family.

For some time she crept up-stairs and over the floor on her hands and the left leg. I directed her to support herself upon the back of a chair, and, pushing it before her, to move through the house. At this time she was unable to put her right foot upon the floor, by reason of the contraction of the flexors of the leg which she had so long kept contracted. At this period she was visited by Dr. McIntire. After a short time she made use of crutches, and at the opening of the schools in September she entered upon her studies, soon gave up her crutches, and now has the perfect use of her limb.

The suppuration and the seat of it, with the early period at which it occurred, made the nature of the case quite clear, and the result, as we now have it, leaves no doubt as to the diagnosis. During the progress of the case, some time in April, I found an abstract of a paper on this disease, read by Dr. J. P. Gibney before the Medical Library and Journal Association, published in the April number, 1876, of the *New York Medical Journal*, page 423. Dr. Gibney reports nine cases very similar to mine, which came under his observation at the Hospital for Ruptured and Crippled. Seven of these cases resulted in suppuration and two in resolution. The ages of the patients varied from eighteen months to ten years,—none, therefore, so old as my patient.

Dr. Gibney applies the name of Peri-Nephritic Abscess, which certainly is appropriate.

The early age of the patient is another element in the disease which would lead to the diagnosis of coxalgia or caries. I have had it in adult life, when it was not difficult to determine the nature of the disease.

DIPHTHERIA.

BY W. G. COTTON, M.D.

IN the *Times* of October 14, 1876, in an article, "Some Practical Observations on the Differential Diagnosis and Treatment of Croup and Diphtheria," Dr. William S. Stewart gives his treatment of diphtheria, and thinks those who have not followed his line of treatment will be compelled to say "Eureka" when they do try it. Now let me relate to you a series of almost complete failures under treatment almost so exactly similar that any physician will be compelled to acknowledge his remedies are not cures at all. It is well to publish at times our failures, and not constantly be reciting our cures. And I feel satisfied there are physicians all over these United States can substantiate the assertion that we have no cure for malignant cases of diphtheria. On October 9, I was called to see a child of J. L., aged about seven years. She had a malignant attack of diphtheria. I gave her a solution of chlor. potassæ, also tinct. ferri chlor. and sulph. quiniæ; the quinine in large doses. For a wash I used bromo-chloralum. After requesting consultation, Dr. Winnett was called on the following day. The only change made by him was to use the liquid persulphate of iron as a topical application. This was the same treatment Dr. Stewart uses, except he orders aromatic sulphuric acid instead of the tincture of iron, and he did not use the bromo-chloralum. But this child died in

a few days, and another child, younger than the first, became affected in the same way, and died also the day following. They had extensive patches on the fauces and in the nares, with a hemorrhage of thin blood from both the mouth and nose. There was a very offensive odor of actual decomposition of tissue previous to death. To the above treatment we gave a nourishing diet, with wine in the way of a stimulant, and used cold applications about the neck and throat. Soon after this I read of Dr. Stewart's plan of treatment, and as we had more cases coming on in the same family, I immediately made the slight change from the tinct. ferri chlor. to the aromatic sulphuric acid. Of the three new cases one was a girl aged sixteen years, and as she had but a slight attack, she was well in a few days; and a boy aged eight years, not so severely attacked, also recovered. But a girl aged twelve years, being held more like the first two children, although not so bad at all, finally died under the treatment laid down by Dr. Stewart. I have always been of the opinion that the way a case of diphtheria terminates depends more on the severity or slightness of the attack than upon the kind of remedies used.

NOTES OF HOSPITAL PRACTICE.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. T. G. MORTON.

Reported by S. B. COLLINS, M.D.

I.—SCROFULOUS SYNOVITIS OF FOUR YEARS' STANDING—AMPUTATION OF THIGH.

JOSEPH W. H., æt. 32, married, a laborer, of American parentage, was admitted to the hospital May 31, 1876. In 1872 the left knee began to swell. This difficulty increased to 1875, when abscesses opened, and sinuses were formed on both sides. On admission there was discharge of pus, with partial anchylosis of the joint.

Treatment.—Free incisions were made by Dr. Hunt, and iron, quinine, etc., given. August 4, no improvement except in the general health of the patient having taken place, ether was administered, an Esmarch bandage applied, and the thigh was amputated by Dr. Morton at its upper third. Teal flaps were made, which, after ligation of vessels, were loosely brought together with silver sutures; free drainage being allowed. The patient rested well. Whisky-punch was prescribed, with a good diet.

On August 6, primary union had united flaps to a considerable extent; there was slight discharge of pus. Patient's appetite returning, and his appearance better than before operation.

August 10, steady improvement. An examination of the knee showed extensive ulceration of all the cartilages, and necrosis of the tibia as well as of the condyles of the femur, extending into the shaft of the latter bone.

II.—LARGE ENCEPHALOID TUMOR OF BREAST—EXCISION.

Mary D., æt. 65, single, a domestic, of Irish birth, was admitted on August 1. Eighteen months previous, she had noticed a small lump on her right breast. It grew rapidly, and six months since opened of its own accord. On admission the patient was weak and anæmic, with a large fungoid growth, excavated in the centre, red at the edges, and secreting a fetid yellow pus, occupying the whole of the position of the right breast. This tumor had very loose attachments, and was, according to the best measurements I could make, seven inches long, five wide, and two in thickness, being of a cauliflower shape, with a comparatively small base. The patient, who was much exhausted from drain and the horrible odor of the mass, was at once put on tonics and stimulants, and a strong solution of permanganate of potassa was applied to the ulcerated surface.

On August 4, Dr. Morton operated by making a vertical incision on each side and forcibly removing the growth. Owing to the free arterial supply of the tumor and the venous congestion of the surrounding parts, a fierce rush of blood ensued. Pressure and pins controlled the hemorrhage, and the bleeding points were afterwards successively ligated. The edges of the wound were then drawn together by silver sutures, but a considerable opening was necessarily left.

August 10.—Patient has had no bad symptoms, and is gaining strength rapidly, her general health having been wonderfully improved by the removal of the offending mass. Wound healing by granulation, with but little discharge. Dr. J. G. Richardson, after a microscopic examination, has pro-

nounced the tumor, in spite of its somewhat unusual appearance and position for this variety, to be an encephaloid cancer.

III.—PISTOL-BALL WOUND OF THORAX—PARACENTESIS THORACIS.

Richard P., æt. 29, married, a stonecutter, of American birth, was admitted on July 3, in a state of shock, having just been shot with a small ball, which entered three inches below left nipple. There was great pain and tenderness on pressure in the neighborhood of the wound.

Treatment.—Mainly expectant; whisky, morphia, and beef-tea given from time to time.

On the 6th, face jaundiced; pain on pressure over liver; morning temperature, 101½°; pulse, 100; respirations, 28.

8th.—Great dyspnœa; pain increased by pressure over left lung; rapid rise of temperature to 103½° in the evening.

13th.—The severe diarrhœa which has lasted for several days seems to be yielding to opium. Temperature about 100°, with slight evening rise; pulse, 100.

23d.—Still some diarrhœa; complains much of chest, but examination deferred on account of its causing him so much pain. Morning temperature, 100°; pulse, 112; respirations, 28. The patient seems now to have fallen into an irritable hectic state, attended by diarrhœa, emaciation, and want of appetite. On the 30th, Dr. Morton took charge of the ward, and the ball was removed from the man's back, having passed directly through his body.

August 4.—The diarrhœa has ceased. Decrease of tenderness, but complete dulness on percussion over left lung from apex to base; intercostal spaces obliterated, and ribs seem to bulge out. The apex of the heart is found directly under the right nipple. Dr. Morton made a slight incision with a bistoury in the fifth intercostal space, three inches back of the left nipple. After repeated attempts to use an aspirating-needle, which brought away only a few drops of pus, an ordinary trocar was thrust in, and one quart of thick fluid, consisting of broken-down blood, pus, and serum, was evacuated. In the evening the temperature was 101°, lower than it had been at that time for the four previous days. On the 6th, the canula, which had been left in, was removed, and a drainage-tube substituted. The apex of the heart was still found under the right nipple. The patient's pulse had risen to 120, but his temperature remained at from 100° to 101°.

August 10.—The patient seems weaker. The discharge of pus, now very fetid, continues. The tympanitic sound over the left lung which followed the operation has given place to a more healthy resonance, and a slight respiratory murmur is heard. The heart has moved three inches farther towards the right. The temperature has decreased.

In spite of the serious condition of this patient, the history of previous operations of the kind which have taken place in the hospital would encourage a favorable prognosis. Dr. Morton has now under treatment for ulcer of the leg a man about whom I have obtained the following particulars from the notes of Dr. J. A. Lippincott, service of Dr. Levis. Jacob R. P., aged 40, single, a farmer, born in the United States, was stabbed early in September, 1875, with a carving-knife which entered the second intercostal space, on the left side close to the sternum. Much blood was lost; the hemorrhage being finally controlled by pressure. Pain and tenderness afterwards set in, with bulging of the left side and difficult respiration. When admitted, on September 22, the patient was pale and debilitated. Pulse 130, and feeble. Respirations 48, temperature 99½°, "orthopnœa marked." There was bulging of the left thorax, with complete flatness on percussion below and decided dulness above third rib. On the right side, as was to be expected, there was increased resonance and puerile breathing. Paracentesis thoracis was performed "between the fifth and sixth ribs," and "sixty-four ounces of altered blood were drawn off with the aspirator." There was an immediate amelioration of all the symptoms, and "the breath-sounds became more normal." On the 29th the temperature rose to 104½°, with pain and signs of a reaccumulation of fluid. The patient was put on stimulants. On the 5th of October the case became complicated with phlebitis of right leg. (There had been more or less œdema of legs for some time.)

October 6, "Dr. Levis reopened aspirating wound by incision, and allowed the escape of a purulent fluid." The pleural cavity was washed out with carbolized water, and this was repeated from time to time. On the 17th there was a chill. On the 31st, diarrhœa had appeared. But the

patient, in spite of this, now began to grow stronger, though pus still continued to drain from "the tube," and the injections were kept up. On January 3, 1876, the patient had gained seven pounds in two weeks. On the 13th there was a drawback, and temperature rose to 101°; but February 1, wound had closed, the tube having been withdrawn about nine days previously. On the 4th the upper part of left side was somewhat depressed, but clear on percussion to the fourth rib, and below that tympanitic. There was some dulness "in the line of the axilla." The heart, which during the progress of the case had been greatly pushed out of place, was now found to have its apex-beat "about one inch below and two and one-half inches internal to the left nipple." The patient was discharged cured.

When patient was readmitted in August of this year, the respiratory sounds and percussion-note of the left side very closely resembled those of the right. Occasionally a slight friction-sound was audible, and there was some retraction at the left apex, but practically the left lung was as sound as the right. The apex-beat of heart was in about normal position, and there was a faint systolic murmur which may have existed before original injury.

In the *Medical Times* of February 6, 1875, page 294, Dr. John B. Roberts reports a previous case of paracentesis at the Pennsylvania Hospital, undertaken for the relief of pleural effusion following gunshot wound, which in many respects closely resembles the cases above stated. At the end of three and a half months the patient was walking about the wards, and within two weeks has presented himself perfectly well at the hospital. Among other points of interest it is to be noticed that in all these cases resort was finally had to a free incision, although on each occasion the aspirator was first used.

TRANSLATIONS.

CARBOLATED CAMPHOR AND ITS THERAPEUTIC USES.—Dr. Soulez (*Bull. de Thérap.*, v. 2, 1876, p. 145) gives the following account of this substance. It is made by dissolving 2.5 grammes of powdered camphor in 1 gramme of phenic acid (a solution of the strength of 9 grammes in 1 gramme of alcohol). The solution is of an oleaginous consistence, pale yellow, smelling slightly of camphor, but having none of the disagreeable odor of carbolic acid. It boils at a slightly elevated temperature without decomposing, and also by the addition of concentrated alcohol, which throws down the camphor in crystals; similarly, if a boiling solution of carbolated camphor is poured into cold water it instantly solidifies. It is miscible in all proportions with olive and almond oils. Chemical examination shows that the carbolic acid and camphor are not altered, and that they preserve all their properties in solution.

In using carbolated camphor as a dressing, M. Soulez employs cotton impregnated with the mixture of this compound with olive oil. This is placed in contact with the wound, and covered with six successive layers, each slightly larger than the preceding, of cotton impregnated by pressure with the emulsion of carbolated camphor, with infusion of saponaria. To prevent evaporation, these layers of cotton are covered with a piece of sheet rubber, and above all another layer of cotton retained in position by a bandage.

Before applying the cotton prepared thus, the wound is bathed in the oleaginous solution, and the dressing is usually renewed every six days. Sometimes it is allowed to remain in place for ten days.

Dr. Soulez claims as the result of using this dressing: 1. Diminution of reaction after severe operations; 2. Cessation or amelioration of pain; 3. Less abundant suppuration. Several cases are given by Dr. S. to illustrate the effects of this application. X.

PIGMENTATION OF THE SKIN IN PATIENTS POISONED BY SULPHIDE OF CARBON.—M. Laboulbine (*La France Méd.*, 1876, p. 393) has observed in his service at the Necker Hospital a young patient, who, while working in preparations of sulphide of carbon, was seized with disturbance of sensibility, and presented here and there on the legs patches of pigmented skin. M. Delpech, who was called in consultation, had observed two similar cases. Six months later, M. Laboulbine observed a second case in a young girl of 16 years. Her intelligence was profoundly affected. She presented points, spots, and patches of a regular form over the limbs. She quitted the hospital, and continued her work in sulphide of carbon, but soon returned, suffering with albuminuria, from the effect of

which she finally died. No opportunity offered for making a microscopic examination of these patches. x.

THE INCUBATION OF VARIOLA AND SCARLATINA.—Dr. Felix Marchand (*Berliner Klin. Wochens.*, No. 28, 1876) gives the following cases. A patient was admitted into the hospital November 17, who had been taken sick on the 15th, and already showed a somewhat extensive eruption of scarlet rash. This increased until the 20th, becoming, for the most part, miliary in appearance. Scarlatinous polyarthritis of the joints of the hand, finger, and foot, also a slight diphtheritic affection of the throat, subsequently developed. On the 20th of November a second patient was brought into the ward, who was thought to be the subject of scarlet fever. The following day this patient was found to be suffering from smallpox, and was immediately removed to another ward. On November 29 and 30, the first patient was without fever, and his skin desquamating. The evening of the 30th (ten days after the reception of the smallpox patient), he became again feverish, and developed smallpox. The attendant who removed the second (smallpox) patient from the scarlatina ward, though only there a few moments, contracted scarlatina after three days' incubation. x.

TORSION IN LARGE ARTERIES.—Tilleaux (*Berliner Klin. Wochens.*, No. 30, 1876), at a stated meeting of the Société de Chirurgie, March 22, 1876, maintained the superior advantages connected with the use of torsion over the ordinary method of ligature. During the last five years he has used this procedure in more than one hundred cases where large arteries were involved. A pincette alone is required, with which the free end of the artery is twisted until it separates from the rest of the vessel. It is not to be seized perpendicularly, but slantingwise. Since he began to use this method, Tilleaux has never had a secondary hemorrhage, in addition to which the wound always has healed more favorably. Previous to employing this method, Tilleaux made various experiments upon the cadaver, twisting the central end of the femoral artery, divided in its lower portion, and injecting water, from an opening made higher up in Scarpa's triangle, with considerable force. In no case did rupture take place at the point of torsion. Anatomical examination showed that after torsion the tunica externa forms a plug of one centimetre in length, that the internal and middle coats are crumpled up in the axis of the vessel, and that true valves are formed against which the clot forms, which, subsequently, becomes incorporated with the inner wall. x.

GANGLIONIC LYMPHANGIECTASIS.—M. Nepven's (*Bull. Gen. de Thérap.*, v. 2, No. 3, 1876) paper on this subject, read before the Société de Chirurgie, is based upon observations by the author and others. M. Nepven's case is as follows. A young man of 20 years, living in l'île Maurice, had a tumor in the groin, which, from time to time, became the seat of inflammation, followed by augmentation in volume and exaggerated sensibility of the ganglions. M. Verneuil, who was consulted, found an analogous mass in the subclavicular regions. The patient having contracted a blennorrhagia, complicated with orchitis, had an inflammatory exacerbation in the ganglionic system of Scarpa's triangle, so that variously sized "kernels" could be perceived in the axilla, while the usual elongated red stripes of lymphangitis could be distinguished down the arm. This attack was accompanied by serious symptoms, the temperature being 103.1°, the pulse 120, respiration 44. The conjunctivæ presented a subicteric tint.

M. Nepven's conclusions are as follows: 1. Ganglionic lymphangiectases sometimes present glandular paroxysms. These attacks supervene upon great fatigue or overexercise. Malarial poisoning is also sometimes concerned in their etiology. 2. The local phenomena are entirely of an inflammatory character. 3. The general phenomena comprise severe chills, with or without delirium, followed by profound coma, almost typhus-like. These symptoms last from ten to twelve days. 4. Although cases usually terminate favorably, death may occasionally result from some of these symptoms. 5. Hard œdema, with tumefaction of the ganglions, persists after the attacks. 6. Cold baths, leeches, and cataplasms constitute the treatment. x.

SALICYLATE OF AMMONIUM AS A SUBSTITUTE FOR SALICYLIC ACID FOR INTERNAL USE.—J. F. Martenson (*Centralbl. f. Med.*, No. 19, 1876, p. 352) suggests the use of this salt, which is easily made by saturating the aqueous solution of the acid with ammonia or its carbonate. It is easily soluble in water and alcohol, has a sweetish

taste, and is tolerably stable. One hundred parts contain about eighty-nine parts of salicylic acid. X.

THE USE OF CARBOLIC ACID IN RENDERING OPERATIVE INTERFERENCE POSSIBLE IN DIABETIC PATIENTS (H. Fischer: *Deutsche Med. Wochenschr.*, 1876, No. 14).—F. alludes to the great frequency of diabetes at the present time, and calls attention to the fact that operative interference upon those with this disease is attended with much danger, since phlegmonous affections develop so readily, and recommends the avoidance of this danger by the use of the carbolic acid treatment of Müller and Ebstein. For some time before the operation he prescribes 0.3 grm. carbolic acid daily, and keeps up this treatment until entire healing of the wound. The remedy is also of use when phlegmonous affections already exist. This treatment has proved itself least efficacious in cases of diabetic carbuncle. W. A.

AN ANTISEPTIC OCCLUDING APPARATUS (Trendelenburg: *Centralblatt für Chirurgie*, 1876, No. 9).—This apparatus, which is only adapted for small abscesses and small wounds, consists of a little cone of gutta-percha paper, which is opened at the top, and has a rim at the base 1 cen. in width, which sticks upon the skin. After this cone has been filled with a solution of carbolic acid, and an incision made into the abscess, a plug of india-rubber with two holes through it is inserted into the upper orifice of the cone. Through the holes in this stopper go two glass tubes, on which are two rubber tubes, one longer than the other. The shorter one is held as perpendicularly as possible, while the other hangs downwards into a bottle filled with a solution of carbolic acid, which stands near the bed, somewhat beneath the base of the wound. W. A.

REDUCTION OF TEMPERATURE OF WARM-BLOODED ANIMALS (A. Horwath: *Arch. f. d. gesammte Phys.*, Bd. xii. p. 278).—According to previous observations, warm-blooded animals cannot live when their bodily temperature has been reduced below +19° C., but die with symptoms of asphyxia. H. found that by maintaining artificial respiration he could reduce the temperature of young dogs, by putting them in ice-cold water, as low as +5° C. without fatal results. When the animal is plunged into cold water, as a consequence of the contraction of the cutaneous vessels there is at once an increase of pressure in the arterial stream. As the temperature of the body falls, the blood-pressure in the arteries, either suddenly or gradually, becomes almost nothing; while in the veins, even after cessation of the heart's action, it remains comparatively high. Hearts, when removed from the body, show a frequency of pulsation depending upon the temperature of blood which is artificially forced through them, so that this influence does not necessarily operate through the central nervous system. The livers of animals killed by cold were always found hyperæmic, and there was often coagulation within the vessels.

In most cases asphyxia must be looked upon as the cause of death, since the use of artificial respiration puts off for so long a time a fatal termination. W. A.

THE TREATMENT OF ARTICULAR RHEUMATISM WITH HYPODERMIC INJECTIONS OF CARBOLIC ACID (Senator: *Berl. Klin. Wochenschrift*, 1876, No. 6).—Senator has injected, in accordance with the suggestions of Kunze, a dilute solution of phenol at the most painful points about the affected joints, with good results. Three joints at most were thus treated at the same time, so that more than 0.09 grm. of phenol never entered the organism. The action, if it occurred at all, took place very quickly. The smaller joints seemed to be but slightly influenced; the larger ones, especially the shoulder, foot, and hip, were much more markedly susceptible to its action. In some cases which had been improved but not cured by the use of salicylic acid, excellent local effects resulted from the injection of carbolic acid. W. A.

THE INTERNAL USE OF SALICYLIC ACID, ESPECIALLY IN ACUTE RHEUMATISM (Reiss: *Berl. Klin. Wochenschrift*, 1876, No. 7).—Reiss concludes from numerous observations of his own, and from those made by others, that salicylic acid acts as an antipyretic in acute articular rheumatism, that the depression of temperature produced by it is usually conjoined with a remission of the attack, and that it appears probable that in favorable cases which come under treatment at an early period the duration of the disease is shortened by this mode of treatment. In some phthisical cases in which the acid has been given, symptoms of collapse have followed its administration. W. A.

MEDICAL TIMES.

PHILADELPHIA, NOVEMBER 11, 1876.

EDITORIAL.

DELAYED GERMINATION.

ONE of the most curious phenomena of vegetable life is the long continuance of the latent power of germination in seeds. It is well known that in many pine-wood regions cutting off the evergreens is at once followed by an abundant growth of young scrub oak, although no such trees are in the immediate neighborhood. The age of the pine in some of these cases is evidence that the acorns must have lain hidden in the ground for at least half a century. In a recent visit to a barren sea-coast, our attention was called to certain oases of white clover. On asking how they originated, we were told that it was only necessary to spread the mud out of the salt marshes over the sand to have, in a few months, a mat of clover. The seeds could hardly have preserved their vitality in a marsh almost daily covered by the rising tide, and it appeared as though the sea-shore was composed not so much of sand as of clover-seed.

One of the most extraordinary examples of this persistency is stated in the *Journal des Sciences Médicales de Louvain* to have recently occurred in Greece. Pliny and Dioscorides describe a plant of the poppy family, belonging to the genus Glaucium, with a beautiful yellow corolla. This has been unknown to modern science, and must, therefore, at least as a European plant, have been extinct. The mines of Laurium, near Athens, which were worked by the ancient Greeks, and afterwards abandoned, have recently been reopened. They contain much scoria, or slag, left by the ancient Greeks, and wherever this has been spread upon the surface of the ground an abundant crop of the glaucium has appeared.

The conditions usually assigned as the necessities of germination are heat and moisture; but the glaucium seeds in the mines, or the acorns in the soil of the pine forest, had plenty of these. It would seem as though light was also a necessity, and that it was owing to its stimulus the seeds brought to day germinated. It must, however, be very minute.

SIR WILLIAM GULL.

AS we once before intimated, a good deal of feeling was excited among the English profession by the testimony of Sir William Gull at the Bravo inquiry. The especial portion which led to the disagreement between Sir William and Dr. Johnson was the statement to the jury that "he [Sir William] was taken to a man believed to be dying of disease, and found him to be dying of poison;" and thereupon, "on his own responsibility, and without consulting with his colleagues," told him he was dying of poison; the truth being that Dr. Gull was called to the case as one of poisoning, although no doubt his assertion was due simply to defective memory. The testimony was uncalled for, and looked like a slur upon the professional gentlemen previously in attendance. It is not surprising, therefore, that Dr. Johnson took the matter up with some warmth, and that the affair ended in an appeal to the London College of Physicians. The Censors of that body have reported that the perusal of Sir William Gull's evidence was calculated to lead ordinary readers to conclusions prejudicial to the position of Dr. Johnson and the other medical attendants of Mr. Bravo; and that such portions of his evidence were, therefore, "very objectionable;" although they entertain no doubt that there was no intention on his part to disparage the professional character of Dr. Johnson and his medical colleagues.

They also state that the infringement by Sir William Gull of at least the spirit of

the by-law of the College in regard to consultations was "disastrous."

Since the report of the Censors it is stated that Sir William Gull has done the wisest thing he could under the circumstances, *i.e.*, he has addressed to Dr. Johnson a letter expressive of a desire to resume mutually friendly sentiments and relations; and to this Dr. Johnson has replied in the same spirit.

TELLURIUM.

THIS rare element, which in general characters resembles somewhat sulphur, selenium, and others of the so-called metalloids, possesses certain properties which are not unknown to scientists, but to which we would call attention, hoping that mayhap some of our readers will have sufficient enthusiasm to press forward further investigation. Many of the compounds of the element are possessed of the most abundant supply of the most superior quality of stenches. Other compounds are odorless, and yet when taken into the human system develop a latent power which far outshines the utmost efforts of the Mephitis mephiticus. If even as much of one of these compounds as represents a half-grain of the element be taken, the perspiration, breath, secretions, excretions, and neighborhood of the subject become permeated and saturated with an odor which is unspeakable. Nor is it an affair of a few moments. For days, weeks, and even months, the peculiar smell remains. The compound to which it is due has not been isolated, but is probably formed by the union of tellurium with allyl, or a similar principle. Who will isolate it?

THE Fellows of the College of Physicians of Dublin, a licensing body, having the power to grant the legal right to practise medicine, have, after due deliberation, determined to admit a lady to the examination for the L.K.Q.C.P.I. According to the *British Medical Journal*, this may be looked upon as the beginning of the end, as it is believed all the other similar bodies will, one by one, follow the lead of the Irish college.

THE brightness of the prospect of physical reformation of the world, and the correctness of human nature when caprice or passion is crossed by the sanitary law, are illustrated by the case noted by Prof. Maudsley in a recent introductory address, "of a man who is so deeply interested in the doctrine of crossing that every hour of his life is devoted to the improvement of a race of bantam fowls and curious pigeons, and who yet married a mad woman, whom he confines in a garret, and by whom he has insane progeny."

AT the recent meeting of the hygienic congress at Brussels, it was proposed to organize a society of the Black Cross to supplement that of the Red Cross, the duty to be the burial of the dead after battles.

THE London *Lancet* says the number of subjects awaiting dissection is very satisfactory. We wonder if they wait with satisfactory patience?

DR. J. G. MCKENDRICK has been appointed Professor of the Institutes of Medicine in the University of Glasgow.

CORRESPONDENCE.

LONDON LETTER.

SINCE I last wrote, the medical schools have again assembled for their winter's work. Of course this event has drawn forth a large number of introductory addresses, in which a number of most excellent sentiments have been uttered. St. Bartholomew's allows its sessions to open without any such formal introduction; thinking, probably, that "Barts" is big enough and strong enough to do without it. Guy's, too, this year, has followed suit, and done away with the introductory address. It may be not entirely uninteresting to your readers to glance at some of the points mainly urged by the different speakers. Dr. Mitchell Bruce, at Charing Cross, took up the question of the twenty per cent. of failures. It

appears that of every one hundred youths entering as medical students, not less than twenty fail to complete their education, and so never enter the profession. This is a very serious matter, involving much misery and much useless expenditure of time and money. He urged, as did many others, the better education of the aspirants, so that there should be less risk from inadequacy of knowledge. Then he very properly pointed out the evils of the present style of teaching. A constantly growing percentage of men go up to the examination-table carefully crammed, rather than really fitted for the ordeal by sound knowledge, while the teaching tends to become more and more tutorial. Consequently, of those who pass, a large number are most unfitted for the practice of their profession. As long as the lists of passes and rejections at the College of Surgeons are published, with the percentage of each belonging to the different schools, so long there must be a rivalry betwixt them, and the pass become the chief matter of teaching, rather than the fitting of the men to meet disease single-handed in actual practice. At St. Mary's Hospital the address was delivered by Dr. Wiltshire, who pointed out the double relations of the profession to the public, in preventive or public, and curative or private, medicine. He showed how important a matter health is, and how much the public are interested in the subject. He also defended the profession from the charges of indifference to suffering brought against it by the popular anti-vivisection agitators, and pointed out its great sympathy with all creatures in pain. At University College Hospital, Prof. Maudsley gave the address, which, as might be supposed, was most interesting. Dr. Maudsley's works are sufficiently well known to all, and his vigorous expressions of his views, the keenness of his discernment, and his capable intellectual grasp, made all interested in what he had to say. He pointed out the intrinsic nobility of the pursuit chosen, the excellence of medical study as a means of intellectual and moral training, and its rich crop of benefits to mankind. No other profession could so well afford to go without extraneous titles of honor and dignity. He did not advocate the suggestion that peerages should be conferred upon medical men, and feared if they were given that a pitiful social ambition might cause the simple nobility of the profession to be spoiled by decorations which had their origin in, and really belonged to, a childish stage of human progress. He then referred to the relations of mind and body, and showed that it was only through our knowledge of the latter that we could form proper comprehensions about the former. He told how by a careful study of nature we could come to understand her phenomena, and so have just opinions about the relation of man to his surroundings. He said that all along men had engendered disease by the indulgence of their passions, and that if disease were swept from the face of the earth to-day they would breed it afresh before to-morrow's dawn. It must be the aim of medical science in the future to give men such an exact knowledge that they shall learn to live by and conform to the laws governing health and development, instead of violating them habitually through ignorance or indifference. Man is the highest product of evolution; and the highest faculties of his mind were not implanted ready-made in his nature at any period of his history, but were the slowly-won results of the accumulated experiences of the race, transmitted by hereditary action. The problem of to-day is no longer the schoolman's vexed question of the origin of evil, but a question of the origin and growth of good. Our plain duty is to search for and find out the laws which have been at work in this process of human evolution, and so to continue it,—to carry on by deliberate method and conscious purpose what has been going on during ages irregularly and blindly. In the face of what was constantly shown in the modifications produced in animals by selective breeding and training, it was the rarest thing for man in thinking of marriage to estimate the ills which may be so entailed upon his offspring. Disease was propagated as if it were a supernatural affliction which was not spread by natural laws. Man behaves in relation to the laws which govern human evolution, much as primeval savages behaved in relation to the laws of physical nature. In fact, Prof. Maudsley looked at the subject of disease from the evolutionist's stand-point, and told us how much benefit would accrue from the study of the laws affecting evolution. The influence exercised by man upon his progeny furnishes some of the strongest facts which should guide conduct, and in the hereditary transmission of qualities we find the most powerful factor that can be found, why man should continue to improve himself physically and morally, and hand over to his descendants intact and untainted, and, if anything, elaborated, the constitution which he has received from his ancestors.

At the London Hospital the students were addressed by Dr. Andrew Clarke, the senior physician to the hospital. He referred to the recent additions made to the hospital, which constitute it the largest hospital in London; and, after addressing some remarks more especially to the students, he went on to say, "We, who as a body give gratuitously to society the largest services, receive from the State in return the least consideration. Our formal remonstrances remain too often unheeded, and the recommendations of our official representative have been, on several occasions, either ignored or opposed. All its regulations for civil and military service are framed on the principle of securing the

cheapest rather than the best material; and thus, while the profession is straining every nerve to raise the educational and personal qualifications of its members, the State is practically, if not intentionally, undermining its efforts." His remedy is, that the profession should become more loyal to itself, and more active in the assertion of its rights; but still more, and here Dr. Clarke touches the centre of the question, "until every member of it feels, and acts as if he felt, that upon his own efforts, as much as upon the efforts of any other person, the future of medicine will depend." The reputation of the profession is the aggregate of the individual reputations of its members; and as long as one man is slack in his efforts to make the best of himself, and as long as there is left one man who strives to mount on the wreck and ruin of a brother's reputation, so long will the profession be without that public recognition which so many of its members crave.

It is gratifying to find a man of Dr. Clarke's age and position recognizing so fully as he does the advantages to be derived from the study of physiology, and the value of physiological knowledge in actual practice. He says, "Give the strength of your minds, then, to physiology; first, in the dissecting-room, that you may master completely the relations of parts and organs to each other; next, in some quiet corner, with your microscope and reagents, that you may learn the minute structure and chemical relations of tissues and organs; afterwards, in the laboratory with your teacher, and in solitude with your book, that you may comprehend the whole function of the organism in life and health; and lastly, in the wards, where you will exercise and strengthen your new-got knowledge in the physiological thinking out of disease." After speaking of the study of clinical medicine, he said, "As you become familiar with the coarser, you will make acquaintance also with the finer manifestations and distinctions of disease. You will learn how often permanent pathological changes grow out of long-continued, little disturbing things, and how greatly all of these are influenced by trivial changes in the conditions of the atmosphere and of the soil. You will discover how to distinguish structural from functional affections, which so often assume their guise, and to discriminate between maladies arising accidentally in the healthy, and apparently similar maladies which are the inevitable outcomes of long-continued textural decay in sickly people. You will note how different often are the successive examples of the same disease, and you will cultivate the faculty which in each case will enable you to decide how much belongs to the malady and how much to the man. You will pursue the personality which you have isolated, and ascertain how the course of its disorder is influenced by inheritance, by type of constitution, by mental and moral peculiarities, and by physical habit and occupation. At last you will become personally interested in your patients, and then, out of the sympathy which you give them, you will gather your first experience of the precious gift of healing power."

The hard, shrewd sense which has lifted Dr. Clarke into the position he occupies now, is well seen in the following, which must be my last quotation from him: "In the next place, your hospital experience will dispose you to make much more gloomy than is necessary the prognosis of organic disease. As you walk along the wards, and note case after case in which heart, or lung, or kidney is diseased, and learn that each will soon end in death, a habit of fatal prognosis attaches to the name instead of the stage of the malady, and hereafter you transfer to the private patient at the beginning of an illness the experience you have gained from the hospital patient at its close. There is then, perhaps, some ground for the opinion that the prognostics of hospital physicians are unreliable. Assuredly the prognosis of disease, as it is commonly taught in the schools, is much too grave, and requires to be remodelled on a more favorable foundation. You will find it anything but a satisfactory proceeding to receive the apologies of patients for being alive years after you have, with unhesitating confidence, condemned them to die." The same applies to treatment. "You will be in peril of forming false judgments of the true position of drugs in the treatment of disease. Many of our patients, before admission, have been for years fighting with their maladies, until at last, unable to fight any longer with them or with work, they take reluctant relief in the hospital. And as drug after drug is tried for their relief, seldom with good, and often with ill effect, and as day after day the disease, despite of all that is done, pursues its natural course to the end, you begin to believe in the fatality of disease, and, doubting all curative power in drugs, you commit yourself at last to the therapeutic nihilism of the day. But this is a false and paralyzing conclusion, which, as it seems to me, has a closer alliance with indolence, imperfect observation, the habit of incredulity, and a certain defect of judgment, than with the vaunted enlightenment which is claimed to be its founder." These remarks of Dr. Clarke's are appropriate and well timed. The progress of pathology, or more properly work of anatomy, though good in its way, has tended to throw therapeutics into the background; but the study of pathological processes in the living will tell how many an evil may be met and staved off if taken in time, which is irremediable if a therapeutic skepticism has let the case proceed unalleviated till the evils are actually present. In fact, a hospital training has its drawbacks, both for teachers and taught alike, if the lessons learned there are not corrected by the lessons of private practice.

A number of other addresses, of varying ability, were delivered at the other medical schools, and the winter session of 1876–77 opened very successfully. The number of student entries at some of the hospitals is much larger than any previous year; one hundred and thirty-four having entered as freshmen at St. Bartholomew's alone. As well as the opening of the medical schools, the different societies are opening for the forthcoming session. The Medical Society held its first meeting on the evening of Monday, the 16th, and a warm welcome was given to the President, Mr. Wm. Adams, and the Senior Secretary, Mr. Richard Davy, on their return from a visit to the Philadelphia Congress. After going over some home matters, the President, in his address, gave an account of his visit and his impressions of America and American surgery. He spoke of the cordial welcome given to the British delegates by their American confrères, and the courtesy shown to them in placing them in posts of honor. He told of the honor done to him personally as the President of the venerable Medical Society of London, and of the respect paid to the other delegates. Upon his arrival at Philadelphia, two days before the meeting of the Congress, he found his writing-table not only loaded with private invitations to dinner, evening receptions, and suppers, such as Americans alone know how to give, but professional obligations of the highest importance were thrust upon him. He spoke warmly of the high character of the addresses given at the Congress, and of the quality of the work done in the Sections. In addition to the attendance upon the Congress, he visited the hospitals of Philadelphia, with which he was much pleased. He said, too, that the attendance of students at the various classes was much greater than anything we had in this country. He fully endorsed all that Mr. Erichsen had said of American surgery. He then referred to the large museum at Washington, under the care of Surgeon-General Barnes, and expressed his great admiration of it. He also spoke most favorably of the "Soldiers' Home," over which Dr. Billing personally conducted him. He then went to New York, and inspected the surgical institutions there. He said American surgery was essentially English. In passing through the wards of the various hospitals, he saw the same surgical appliances as are used at home. The principle of weight-extension was largely put in force in the city where it first originated, both for the treatment of fractures of the thigh and for the relief of pain in acute diseases of the hip. Mr. Adams naturally devoted much attention to the American treatment of this affection, and said that it was to Dr. Davies we owe the first appreciation of its modus operandi in relieving two articular surfaces from the close contact caused by reflex muscular contraction. He said the plan of weight-extension was not so general in this country as it might be with advantage. He said American surgeons are good anatomists and dexterous operators. There was a mechanical genius in Americans which showed itself in surgical inventions as much as in the construction of engineering works and waterworks, or the invention of machinery. In practical surgery there is much need of mechanical skill, and in the application of surgical instruments, as well as invention of them, American surgeons displayed the greatest possible ability. This tribute to American surgery was received with cordial applause; and, as a recognition of the visit of the Society's delegates to Philadelphia, four distinguished Americans were made honorary fellows of the Medical Society of London, viz.: Prof. Gross, Prof. Austin Flint, Prof. Joseph Pancoast, whom Mr. Adams designated the Astley Cooper of America, and Surgeon-General Barnes, of Washington. The visit of the English delegates to Philadelphia seems to have welded together English and American medical men even more firmly than before. The extensive sale of American works on medical science in England shows the esteem in which the men of the New World are now held.

There was little of interest to your readers in the subjects brought forward at the different societies, unless it was the discussion as to the relative merits of the subcutaneous saw of Mr. Adams and the chisel of Mr. Maunder in operations upon the femur. It would seem that the chisel is rapidly coming to the front, and that the progress of cases after operation is much more satisfactory with the chisel. So far, the results of the chisel have been most encouraging. At the Pathological Society, Mr. Barker, of University College, showed the aorta and its lower branches from a young man, where the atheromatous process was just beginning. At certain points there were swellings under the endarterium, consisting of a hyperplasia of young cells. The interest centred on the position of these points. They occurred where the iliacs touched the pubic bone, and again at the popliteal space where the arteries came in contact with the hard structures of the knee-joints. That side of the artery touching the bone was alone affected; in the iliacs, the posterior surface; in the popliteals, the anterior. It was pointed out by Mr. Hulke that these points were also points of flexure, and that the disease was found at the outside of the curve, in accordance with what is usual in the production of atheroma. Mr. Barker's ingenious hypothesis therefore must be held to be still unproven. The claims of animals upon us as blood-relations are now receiving much attention, and the views of Darwin and Herbert Spencer are spreading rapidly; but the story I am about to relate puts these claims in a new light. The chaplain of a hospital I visit asked my advice

on the following matter. He had been applied to, as chaplain to a cemetery, to inter some remains lying in a certain workhouse. The doctor could not say whether the body was male or female, nor indeed whether it was human or the remains of a monkey. Under these circumstances the reverend gentleman, though a good-natured man, did not see his way to formal interment. My advice was to have a proper certificate from the medical man that the body was that of a human being before interring it. As the doctor could not, or at any rate did not, do this, no formal interment took place; but the reverend gentleman told me he saw some one hanging about next afternoon, during the funeral service, and slip a packet into one of the graves as it was filled up. It was very kind of this some one to get decent burial for his doubtful kinsman, far removed at the best; but the idea of requesting Christian burial for a simian blood-relation from a clergyman of the Church of England is novel, and certainly indicates, in a very suggestive manner, the progress of present thought. If clergymen are to be required to pronounce our simian relations to be Christian brethren, and to admit them to a future state, the community of descent of man and animals need no longer be a matter of dispute. If the matter was a joke, it is about the grimmest joke ever perpetrated.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, SEPT. 14, 1876.

THE PRESIDENT, DR. WILLIAM PEPPER, in the chair.

Cancer of the stomach. By Dr. LOUIS STARR.

F., æt. 24, a sailor, was admitted to the Episcopal Hospital on May 2, 1876. His family history was healthy. He had always been temperate, had never had syphilis, and had enjoyed good health until the spring of 1873, when he began to be troubled with pain in the epigastrium, and noticed that his ordinary duties aboard ship were more fatiguing than before; nevertheless, he was able to keep at work up to February, 1876. After this date the pain grew much more severe, he lost appetite, weight, and strength, and his bowels became constipated, his abdomen slightly distended, and his complexion muddy. There was also occasional vomiting, the matter ejected always consisting of food and mucus, and never containing blood. The constipation and distention were readily relieved by the administration of purgatives and the application of cold compresses. The pain and prostration, on the other hand, increased, and for a short time before coming into the hospital he had been unable to leave his bed. When admitted, he was greatly emaciated. His skin was harsh and sallow, though the conjunctivæ were clear and the eyes peculiarly bright. The tongue was smooth, the mucous membrane of the mouth pale, the appetite poor, and there was slight nausea, but no vomiting. The pain, which was almost constant, was situated in the epigastrium, and at times extended from this position towards the back. It was described as burning or twisting in character, and was augmented by taking food. The abdomen was scaphoid, the pulsation of the abdominal aorta could be distinctly seen and felt, and there was tenderness on pressure in the epigastric and umbilical regions. No tumor could be discovered. The heart and lungs were healthy.

For a time the patient seemed to be benefited by treatment, his appetite and strength returning, and the pain becoming less marked. He soon relapsed into his former condition, however, and there was no further interruption to the steadily progressing weakness and loss of flesh. Numerous attempts were made to discover an abdominal tumor, without success. During the last two weeks of his life there were several short attacks of diarrhœa, and during the last three days slight vomiting. Death took place on June 2.

The *autopsy* was made twelve hours after death. All the viscera were found to be normal except the stomach and large intestine. The stomach was adherent over its upper and posterior surfaces to the neighboring parts, and its interior was occupied by a cancerous growth. This involved the lesser curvature, and extended over the greater part of the anterior and posterior walls of the organ, the edges almost meeting below. The posterior two-thirds of the growth had undergone softening, leaving a large, irregular, and very ragged ulcer, surrounded by a thick, everted margin, while the anterior third was composed of hard nodules, some of which were nearly as large as English walnuts. The tissues immediately beneath the position of ulceration were so much altered in texture as to be torn by the slight traction that was made in removing the viscus. The cardiac and pyloric orifices were perfectly patulous. There was no cancerous deposit in the fundus or along the greater curvature, but the mucous membrane in these situations was thickened and covered with tough mucus.

The large intestine was intensely congested.

The chief point of interest in this case seems to be the disproportion between the extent of the disease and the symptoms that were present during life; still, the absence of an abdominal tumor and the rarity of vomiting may be easily accounted for, the first by the position of the growth and the presence of adhesions preventing any descent of the stomach, and the second by the fact that neither orifice was obstructed.

The specimen was referred to the Committee on Morbid Growths, which reported, October 26, that the specimen was one of "*scirrhus ventriculi.*"

Typhoid fever; supervention of hectic fever at thirtieth day; evidences of septic poisoning; death from exhaustion; lesions of intestinal glands; ulcerative endocarditis; infarction in spleen; abscess of pancreas; suppurative parotitis. By Dr. WILLIAM PEPPER.

Mrs. M., æt. 45, enormously fat and heavy, was admitted to the University Hospital about the twelfth day of a severe attack of typhoid fever. Extreme prostration and profuse diarrhœa were the most serious symptoms. After progressing fairly well until about the thirtieth day, irregular but severe hectic appeared, diarrhœa returned, with horribly fetid stools, and numerous ulcers formed over the surface of the body. These were preceded by small pustules with livid red bases. Rapid swelling of both parotids developed. For a time improvement seemed to follow the free use of salicylic acid; but, despite the arrest of the diarrhœa, exhaustion progressed, and death occurred on the forty-second day.

At the *post-mortem* examination, there were quite numerous ulcers in the ileum, chiefly occupying the site of Peyer's patches, but sometimes that of solitary follicles. They were all clean, without elevation of their borders, and reached down to the muscular coat. The mesenteric glands were moderately enlarged, with excess of pigment. There was a large, wedge-shaped infarction in the spleen, of yellowish color, and evidently about to disintegrate. There was diffuse suppuration of the head of the pancreas, with breaking down of the gland-tissue. The enlarged parotid glands were also in a state of diffuse suppuration. There were no infarctions in the lungs, liver, or kidneys.

The heart was enlarged. Under one leaflet of the mitral was a calcareous nodule. The leaflets were thickened (old), and on their free borders were two small elevated ulcers. There was also slight thickening, but without vegetations or ulceration, of the aortic leaflets.

Dr. R. M. BERTOLET remarked that it was impossible to say at this stage whether it was the recent or old endocardial change which caused the infarctions in the spleen and integument. At any rate, it is rare to have evidences of minute infarctions on the surface and only on the spleen, while the kidneys escape altogether. On the other hand, we would have expected to find multiple miliary abscesses in the kidneys. He would, however, inquire of Dr. Pepper whether he regarded the numerous points of ulceration of the skin as embolic in their origin or due to local thrombosis.

Dr. PEPPER suspected this was their mode of origin, but was not certain. He had observed the same kind of spots on the skin where there were no causes like these to account for them. It is quite possible, however, that they were preceded by thrombosis or minute embolisms, and that the same process which caused the patch of disease in the spleen caused also the necrotic abscesses on the back. Careful examination showed that there were absolutely no infarctions in the liver or kidneys.

REVIEWS AND BOOK NOTICES.

A CONTRIBUTION TO THE TREATMENT OF UTERINE VERSIONS AND FLEXIONS. By EPHRAIM CUTTER, A.M., M.D. Second Edition. Entirely rewritten. Boston, James Campbell, 1876.

"Entirely rewritten," but the new face cannot hide the old friend. The author is still an enthusiast. His description of an anatomical plate reads like an art criticism. We turn the page, and find portrayed only the pelvic viscera. He calls the os uteri "the orient point" (p. 153), with "tips and turns" (p. 178). Describing the muscular vagina, he rapturously exclaims (p. 4), "What more physically perfect support! How very analogous to an elastic and yielding spiral spring, which presents the most admirable features for keeping up the womb!" Yet he is methodical and exhaustive. All possible displacements of the vagina are classed under four heads,—upwards, centripetal, centrifugal, and downwards. The first, the author tells us, "is difficult to conceive of;" the second is also "difficult to conceive of;" the third, the uterus might conceive of, but we confess we cannot; therefore, the fourth, or downwards, is the only possible displacement: a very exhaustive method, and the uterus is studied in a similar manner.

In the chapter on retroversion (p. 11), we are told "the amount of backward obliquity varies from a displacement of a few degrees from the natural position to about 180 degrees. Take an instance," he says, "where the variation is about 135 degrees (a common case)." Our author, who, on page 6, has counted the wrinkles of the vagina, here goes further. Henceforth, to the implements of gynæcology must be added a nautical quadrant, sextant, and perchance chronometer, and in the coming age the medical man will never dream of approaching a case of uterine disease without taking a lunar observation. More delicate and refined than the physician of the present, our brother of the future for the vulgar speculum will substitute the telescope, and calculate uterine eclipses in his office at the mystic hour of midnight.

On page 14 we reach the gist of the book, and our old friends, the "loop" and "T" pessaries, make their appearance. In fact, the work may be considered as the apotheosis of the "loop" and "T" pessaries.

The "loop pessary of the writer"—this is used, we presume, only by literary women—presupposes a considerable amount of intellectual ability and culture in the victim—of displacement. It "includes a belt of inelastic webbing, thirty-six inches long, to go squarely round the waist." We are glad to see that a modification has been made in the instrument since the first edition of the work, and that a joint has been inserted in the middle of the hook of the pessary, for purposes of defecation, as before it seemed almost an antidote for diarrhœa. The wearer is now spared the agony of suspense, and contests between the will and the sphincter, or the spirit and the flesh, are materially lessened.

In the introduction of this pessary the author informs us that he places the patient "on a table or bed, or other support;" tells her to project her left arm "out behind," and bring her "left *mamma*"—but how if she be an orphan?—"in contact with the supporting surface" (p. 21). At this stage the operator's left fore-finger is "anointed with soap and water." If our memory serves us, the author's views of unguents have materially changed. To say nothing about "anointing" with soap and water, he has abandoned his early fondness for lard, which in the first edition he "liked" so much. The style of the author, as we have hinted already, is far from perfect; he is also at times obscure. In speaking of vaginometry, and introducing to us his vaginometer and vaginal sound, two important adjuncts to the "loop and T" pessary, he says, "This procedure seems to me to coincide with the dictates of common sense, as no artist in the various departments of appliances to the body, for the sake of protection from the inclemency of the weather, will undertake to make the products of his art without some system of measurement which is accurate and reliable," entirely ignoring the fact that if the weather is cold the artist will probably wear his overcoat.

(P. 27.) We observe that the hook of the pessary, still as of yore, "surrounds the perineum without touching it," and that air very naturally "circulates between." The author begins with short pessaries, and then advocates their gradual substitution by longer ones. He says (p. 34), "In these procedures one may begin with a very short instrument, and end with quite a long one." We suppose he has done so, and even with one short pessary it may be long before the patient tries another.

On p. 37 we find what may be termed the catechism of the pessary, which must be learned by heart before the patient can be trusted to manage its somewhat complicated mechanism. Hereafter, when ladies of delicate health are noticed repeating some formula under their breath, while the ignorant may say "silent prayer," the intelligent physician will diagnose "loop or T pessary."

But diet is an important element in the success of this instrument, and a table of diet has been thoughtfully furnished (p. 44), from which the patient is advised to select such articles as suit her constitution and palate. We see that air is mentioned as an article of food, and we confess the thought has occurred to us whether some woman scanning its contents, and seduced by the author's recommendation, might not select air, with fatal effect.

The ideas of the author about the uterus seem peculiar. He speaks (p. 49) of the organ being "vexed or riled up." Now, taking his own view, we would mildly suggest that nothing is more fitted to irritate and stir up the animal than perpetually poking and pushing it with the long loop or T pessary.

When these pessaries become old—for they really do grow old in time—full directions are given for tightening them up. The end of the rubber cord "may be cut off with the scissors, and the cord reattached to the pessary at a vital part." We didn't know they were alive till we read this.

But to those supposing that the invention of the loop and T pessaries may have exhausted the author's inventive faculties, we may mention at least the names of the "bracket," "cup," and "ring" pessaries.

The author finds his "chair an excellent medium for vaginal examinations," and gives minute directions concerning the position of the patient and the removal of superfluous dress. "Until the underclothes were the only dress worn, he was foiled in replacing a retroversion." Why shoes and stockings interfere we cannot see, and would like to know whether it is necessary to take down the patient's back-hair in very difficult cases.

The author asks, in this connection, "When the abdomen is artificially confined above and in front, where can the floating viscera go?" We cannot tell him. It is a mystery.

In the choice of a lubricant we find him cautious. He evidently now favors soap and water; but "it is not a matter of trivial importance," "as he once lost the case of a patient by not using glycerin." We advise all young men to use glycerin freely, lest a similar accident befall them.

But in the great question of the cause of uterine displacements, the writer holds decided views. The argument (p. 169) is simple, but exhaustive. "Flour is impoverished food. The prevalence of flour-eating coincides with the prevalence of uterine diseases." The author sagely adds, "Contemporaneousness and sequence are not always causation, still effects do follow causes." Henceforth, we doubt not, "flour-eating" will rank in gynæcological opprobrium with tight lacing, snuff-rubbing, high heels, and surreptitious Cologne-water and chloral. On p. 179, he even terms one of his patients contemptuously "a flour-eater," as if it were some rare, but dreadful, vice.

And in concluding, we are told that were it not for the "curse of politicians, it would be

very proper for the Government to afford some patronage to investigations to be made in the cause of uterine diseases," which only adds another terror for the already perplexed patriot on election-day. Which party, we ask, will plant itself firmly on the platform of uterine inspection and uterine reform?

E. W. W.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS. By ROBERTS BARTHOLOW, M.A., M.D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, and formerly Professor of Materia Medica and Therapeutics in the Medical College of Ohio, etc. New York, D. Appleton & Co., 549 and 551 Broadway. 1876.

The author in his preface recognizes the necessity of an apology for bringing out, in the presence of so many works on therapeutics, a new book upon the same subject. To one who is aware only of the great number of such books which have recently been published, such an apology seems by no means uncalled for, while he who has looked among them for a book concise, clear, and practical, while fairly representing all the modern advances in pharmacology, is fully aware that there is still room, and that many attempts are yet to be made before the book we want shall appear. Such a book is an impossibility for the present; but the measure of success attained by Dr. Bartholow is a sufficient excuse for his venture.

In presenting to students the physiological aspect of the materia medica, two methods are available of utilizing the vast material collected within the last two or three decades: either the various authorities, harmonious and opposing, may be marshalled upon their respective sides of disputed or undecided questions, leaving the questions too often still undecided; or some plausible theory embracing as many facts as possible may be put forward, ignoring the existence of contradictions and incomplete observations. The former method has been chosen by Dr. Wood, and is, of course, by far the more scientific. The latter is that of Dr. Bartholow, and will commend itself, despite its obvious errors and omissions, to students, and to many persons who do not wish to make special studies in pharmacology and who are willing to purchase decision and brevity at the expense of minute accuracy. Such an exchange may be made with the less compunction, since the present state of pharmacology must be looked upon as one of transition, and, with a few exceptions, a large part of the present theories are reasonably sure to undergo essential alterations within a time short enough to permit one to learn and unlearn several tests within the period of mental activity where therapeutic theories possess interest or value. Dr. Bartholow treats the "practical" or clinical side of subjects at somewhat greater length. As space would not permit us to go deeply into particulars, we may say that the book represents, without an undue straining after novelty, what might be called the more progressive practice of this country. It is, on the whole, a fair exponent of "rational medicine," although it has seemed to us, in some cases, that hardly enough stress is laid upon the intrinsic tendency to recovery in very acute diseases.

A few points, noted here and there, may be specially commented upon. Under mercury, the author has made no mention of the observations of Wilbouchewitcz upon the *increase* of corpuscles in the blood of syphilitic patients under the use of small doses of mercury, the usual statement as to the diminution being given without qualification. This omission is not mentioned as a fair specimen of the completeness of the book, which is evidently written in the light of abundant literature, though but few formal quotations are made. There are several statements made in regard to alcohol to which we should demur, and which seem to us indicative of a somewhat less careful consideration of the literature of the subject than is claimed by the author; for instance, that the decline in temperature is due to a diminished rate of tissue-metamorphosis. It seems partly, at least, due to a cooling from a freer circulation in the skin.

It is certainly not in accordance with the evidence to state that there is a definite quantity of alcohol capable of being oxidized in the body, and that all in excess of this is eliminated. Dr. B. cannot have read all the papers of Anstie and Dupré, to which he refers, or he would not make this statement. Does alcohol increase the "functional activity" of the brain? Is garrulity a proof of increased mental action?

On page 418, we meet with one of those vague and utterly worthless statements so common in works on materia medica. It is fair to say there are but few of them in this book. "Chorea and epilepsy have been reported cured by this agent (boxwood), etc." If he could have mentioned some drug by which these diseases had *not* been said to be cured, the remark would have been more worthy of attention.

In his article on aconite, the author seems to share the somewhat exaggerated (as it seems to us) estimate of its power in inflammation entertained by Dr. Ringer. He has no desire, however, to be taken for a homœopath, as will be seen by the following "application," which would apply to some other drugs as well:

"The monopoly by homœopathic practitioners of the use of aconite has aroused a prejudice against it which has discouraged its employment. Aconite is, however, an antagonist to the fever-process; it is not applicable in accordance with the so-called law

of similars. It is used by these quacks because it is a powerful agent which will produce manifest effects in small doses, that may easily be disguised."

Our remarks have been directed chiefly to that part of the book devoted to drugs. It contains, however, elaborate and practical articles upon food, including some special diets, hydro-therapeutics, of which we are glad to see the author appreciates the great advantage in fevers, mineral springs, electricity, transfusion, and venesection.

In conclusion, we may express our opinion that the work is a valuable addition to the literature of therapeutics, and one well calculated to be useful as a text-book. The medical profession in America has no reason to be ashamed of the three works on this subject which have appeared in this country (or been re-edited) within the last four years.

R. T. EDES.

HARVARD UNIVERSITY.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY. By W. S. PLAYFAIR, M.D., F.R.C.P. Philadelphia, H. C. Lea, 1876.

A MANUAL OF MIDWIFERY. By ALFRED MEADOWS, M.D. Second American from Third London Edition, Revised and Enlarged. Philadelphia, Lindsay & Blakiston, 1876.

There is no essential advantage in the mere multiplication of text-books. Two manuals of Anatomy, Surgery, or Obstetrics, equally good, are of less value than one combining the peculiar excellencies of both. The student and practitioner have now such a very wide choice in obstetric text-books, and withal such little radical variation in the different works, that future writers might save both time and expense by publishing in very small space their points of divergence, forming addenda to the great mass of facts which no one disputes and which every one reprints. The real marks of originality, stamping the books before us as respectively the works of Drs. Playfair and Meadows, are comparatively few; here one illustration is better, there another, and everywhere a vast waste to ordinary readers of money, eyesight, and time. For the very multiplicity of manuals arises from the fact that each teacher finds it advantageous to himself and his students, and in fact almost a point of honor, to publish his own manual, which, from his position, commands a steady sale among his classes; but for the American medical reader, who is a student at large, gleaning knowledge wherever he finds it, the advantage of this state of things is not obvious.

The treatise of Dr. Playfair is excellent. Its aim is to be practical, and its forty-seven chapters all attest the author's success. The earlier parts are devoted to the study of the female organs, ovulation, menstruation, and kindred topics. Part II. takes up the subject of conception and generation very fully, after which pregnancy in all its varieties and diseases is discussed. The chapters on the signs and diagnosis of pregnancy are especially clear, full, and concise. The subjects of the pathology of the decidua and ovum, abortion, and premature labor bring us to Part III., or labor. Especially in this portion of the work the wood-cuts, everywhere good, are to be commended. They show what they are intended to show, and not something quite different. Occasionally the artist has attempted too much, as on page 264, but the error is in the right direction.

Perhaps no more useful chapter can be found in the book than that on the management of natural labor. This is a topic on which every true teacher should have something fresh to say from his own experience. The beginner, while advised to go promptly on being summoned to a case, is told plainly that if in ordinary presentations he finds the os no bigger than a shilling piece, he had better not stay, but go home and wait an hour or two,—advice which is definite, since a definite idea of the size of a "shilling piece" can be formed and used by the mind of a novice, saving him weary hours of irksome waiting, in which he has nothing to do, feels in the way, and is more likely to mar than to make his budding reputation!

Supporting the perineum, in the ordinary acceptation of the term, gives place with our author to a modification of the method advocated by Dr. Goodell. The author, objecting to the indelicacy of introducing the fingers into the anus, says, "If the thumb and forefinger of the right hand are placed along the sides" (of the distended perineum), "it can be pushed gently forwards over the head at the height of the pain, while the tips of the fingers may, at the same time, press upon the advancing vertex." This strikes us as a much more feeble method, and not likely to be very effectual.

Breech, face, and other abnormal presentations and their management present little new matter. Page 303 gives us an excellent illustration of the postural treatment of prolapse of the cord. The patient is in the knee-and-elbow position; and outlined within her, by dotted lines, sitting up comfortably in something closely resembling a small rocking-chair, is the fœtus, with its eyes closed and an expression of calm meditation upon its somewhat classic features.

The chapter on prolonged and precipitate labors is judicious and of great practical value. In the chapter on deformities of the pelvis the author's views concerning the forceps are fully explained. He acknowledges, p. 253, "that the proper management of labor in contracted pelves is, even up to this time, one of the most vexed questions of midwifery," referring of course to the lesser degrees of

deformity. Below three inches antero-posterior diameter, he considers the destruction of the child, or Cæsarean section, as unavoidable. He discusses the relative value of the forceps, version, and the induction of premature labor, fully. He says, p. 355, "that delivery is often possible by turning, after forceps and the natural powers have failed." As a matter of original choice he inclines to the use of the forceps, since moulding of the head cannot occur in version, from want of time, excepting, however, cases where "the head refuses to enter the brim and cannot be sufficiently steadied by external pressure," evidently cases of the greater contraction.

Page 358 gives us a table for determining the period for inducing premature labor, which may be useful for reference.

Page 359. In placenta prævia, if the fœtus is viable, the author would induce labor at once if hemorrhage occurs, and treats of the various methods of doing so which have been suggested. His own method is by the use of sponge tents, followed by Barnes's dilators and ergot as recommended by Dr. Greenhalgh; and, when dilatation is sufficient, version.

On p. 375, the author admits that a relaxed uterus does not always bleed, but claims that a contracted one never does unless lacerated. The binder too has not fallen entirely from favor, since "it is an effective means of keeping up, but not of producing, uterine contraction." Some little delay in its application is recommended, and the author's remark that when the pulse does not fall below 100 in ten or fifteen minutes after delivery, hemorrhage not unfrequently follows, is a good hint to some practitioners who ignore the formality of counting the pulse altogether.

The subject of "Turning" has a special chapter devoted to it. When the head has reached the fundus, the author thinks it generally advisable to finish delivery without unnecessary delay (p. 421),—much better advice, we take it, than that given in the manual of Dr. Meadows, who is disposed to trust the delivery of the head almost entirely to nature. As regards the forceps, the author uses Simpson's, introducing the blades (p. 432) in reference to the sides of the pelvis.

In puerperal eclampsia, he does not recommend bleeding except to gain time, in very urgent cases, for better remedies. The combination of chloral and the potassium bromide is a favorite with the author from experience, as also the subcutaneous injection of one-third grain of morphia. Venesection he would restrict to cases showing great vascular tension and lividity.

Puerperal insanity and puerperal septicæmia receive full justice in the latter chapters. The author is not a believer in a specific contagion, and his treatment as given, Part V. Chapter V., seems rather suited to mild than to severe cases.

The manual of Dr. Meadows has already gone through one American edition. We would call attention to the very useful tables (p. 115) for estimating the probable duration of pregnancy. The chapter on the forceps is exceedingly full, much more so than in the treatise of Dr. Playfair. No American modifications of the instrument, however, are noticed. The author places three and one-half inches antero-posterior as the limit to their application. He applies the forceps in relation to both head and pelvis (p. 238),—a somewhat difficult feat,—but finally inclines to the pelvic sides as the only true guide.

In version, rotation of the head to bring it transverse at the superior strait is recommended. We are somewhat surprised to see, on p. 291, that Dr. Meadows inclines to the belief that the unborn infant suffers, since he advises early breaking up of the medulla in craniotomy, for "in doing this we at once destroy all suffering in the child." The manual is, however, excellent throughout, and probably well known to most of our readers.

E. W. W.

GLEANINGS FROM EXCHANGES.

PUNCTURE OF THE PERICARDIUM (*The Boston Medical and Surgical Journal*, October 12, 1876).—In a paper communicated to the Académie de Médecine, by M. Henri Roger, the author dwells upon the difficulties in the diagnosis of pericardial effusions, and he quotes in illustration two cases operated upon by Tigla and Trousseau, in one of which a thin-walled dilated heart was mistaken for an effusion into the pericardium; in the other case an hypertrophied heart, surrounded by membrane floating in only a small quantity of serosity, was found post mortem. But even when the diagnosis is made, it is very difficult to decide on puncture, inasmuch as the grave symptoms may not be due simply to the presence of the effusion, and operation may do serious injury (in six out of fourteen cases collected by Roger, death followed so closely that it seemed to be attributable to or at least hastened by the operation). We must not forget, either, that evacuation of the serum in a case of acute pericarditis will almost necessarily be followed by pericardial adhesion.

Paracentesis of the pericardium is a far more delicate operation than puncture of the chest-cavity. The mammary artery coursing along four or five millimetres from the margin of the sternum, the diaphragm, the left lobe of the liver, sometimes much enlarged, the lung and pleura, and finally and most importantly the heart itself, have to be avoided by the surgeon. M. Roger quotes two cases, one of M. Baizeau's and one of his own, in which

the right ventricle was apparently punctured in operations designed for the relief of effusion into the pericardium, and one hundred and two hundred and twenty grammes of venous blood respectively removed. Both cases survived the operation. Another disagreeable occurrence which may happen, even if the right place be chosen, is that the puncture is followed by no escape of fluid. The pericardium, being only in lax connection with the wall of the chest, and much thicker and harder than the pleura, readily recedes before the trocar. With the fine needle of the modern aspirator, however, this is less likely to happen. The puncture should always be made directly from before backwards, with a slight subsequent inclination of the point of the needle downward, as advised by Dieulafoy, in order to avoid the ventricle during systole. The fifth intercostal space at a point intermediate between the sternum and the nipple, but rather nearer the latter, is the place to be chosen, as a rule, for puncture. But the heart's apex, instead of impinging against the fourth space or fifth rib, as is usual in such cases, may be lowered by dilatation, or drawn downwards by an adhesion to the diaphragm, when a lower point must be chosen for the puncture.

In only one case of the fourteen was a "true cure" effected, and M. Roger concludes that, notwithstanding undoubted improvement in the modern operation, it remains a dangerous and doubtful remedy, to be hazarded in extreme cases.

DISLOCATION OF THE HIP (*The Medical Record*, October 14, 1876).—At the meeting of the *Niederrheinische Gesellschaft* in Bonn, December 20, 1875, Professor Dontrelepont reported the following case:

About the end of May, a boy seven years of age met with a traumatic dislocation of the right hip, upwards and backwards. The luxation was not reduced, and when he entered the hospital on August 30 he was unable to stand on the leg; the thigh was strongly flexed, adducted, rotated inwards and shortened, and the head of the femur could be distinctly felt lying on the ilium. Permanent extension and counter-extension were at once applied, and on September 6 the head of the bone was drawn down close to the acetabulum, the shortening was almost overcome, and the flexion, adduction, and internal rotation were very slight. The patient was then anæsthetized, and the thigh was strongly flexed and adducted, and then rotated outwards without force, and the head of the bone slipped into the articular cavity with a snap. Slight inflammatory action followed, but when the case was reported the patient was able to move about, and the movements of the joint were almost normal. Professor Dontrelepont believes that easy reduction of this dislocation was due to the previous permanent extension, and thinks that in many cases of old luxations that resist the ordinary measures of reduction, the prolonged use of extension and counter-extension will stretch the muscles and ligaments, and make the head of the bone more movable, and so enable the reduction to be made. Even if this fail, the extension will place the thigh in a better position and make the joint more useful.

ON THE USE OF SULPHIDE OF CALCIUM IN THE TREATMENT OF SCABIES (*The Medical Press and Circular*, August 16, 1876).—Dr. Thomas Dolan asserts that an experience of seven years with over seven hundred cases of pure scabies has convinced him of the efficacy of the solution of sulphide of calcium in the treatment of scabies, and the satisfactory results obtained by its use induce him to call attention to it.

It has the merits of being cleaner, easier of application than the greasy substances usually applied, and if properly used results in a certain cure within a brief period.

It is made, as its name implies, from lime and sulphur; the following formula, from many others, may be used:

Flower of sulphur,	100 parts.
Quicklime,	200 "
Water,	1000 "

Boil the whole for some time, allow the liquid to cool, and decant into hermetically-corked bottles.

It is sold by chemists in the form of a bright yellow solution, and hence is popularly called golden lotion.

Before applying it the patients are ordered a warm bath, so as to cleanse the body and excite healthy skin-action; they are then painted with the solution and placed in bed in blankets.

Next morning they present a peculiar appearance, as, owing to the deposit of the sulphur, they are the color of a guinea. The beneficial results are soon manifest. The itching ceases, the *vesicles* shrivel up, and after another warm bath the patient may be discharged cured.

EXTRACTION OF A BULLET FROM THE BRAIN (*The Louisville Medical News*, July 15, 1876).—Dr. R. O. Cowling reports the case of a boy, æt. 19, who shot himself in the temple with a No. 1 Smith & Wesson pistol, the ball passing into the brain through the centre of the temporal space. A probe was introduced for an inch and a quarter, but no further interference was made. His bowels were opened with a mercurial purge. He was kept under full doses of bromide of potassium, and in three weeks was able to go to work. Eighteen months later he was suffering from abscesses and severe neuralgia whenever the wound would close, and an operation was therefore undertaken for the purpose of removing some dead bone which was evidently present, and during its performance the bullet was luckily caught in the extracting forceps, and withdrawn. The wound subsequently closed, and the patient entirely recovered.

MISCELLANY.

FEMALE DOCTORS AT ZURICH.—A correspondent of the *Bund*, of Berne, has lately summed up in successive letters from Zurich the present results of the much-contested "Damenstudium." It is now exactly ten years since the first female student clamored at the gates, or rather since the medical faculty opened the gates to her; for she had been attacking them by a diligent prosecution of the medical course. She was a young Russian lady. The University of Zurich, on the 14th of December, 1867, conferred upon her the dignity and rights of a doctor of medicine. Doctor or Doctress Erismann has since practised medicine with great success,—first alone, and later as the wife and partner of a medical man. Thirteen young ladies have followed her example, all of them standing the test of the severe examination with credit, and some with brilliancy. Each of these ladies has received from the medical faculty of the University the degree of Doctor of Medicine, Surgery, and Midwifery. Six of these graduates were Russians, two were Englishwomen (Miss Morgan in 1870 and Miss Atkins in 1872), one was a Scotchwoman, one an American, one a Swiss, and the remaining two were Germans. The American, a young lady from Boston, passed with great applause, and her public disputation before receiving her degree on the 22d of June, 1871, created much admiration. After a short but very promising practice, she lost her life by shipwreck in the Atlantic.

In 1872, when Zurich had braved the worst of the storm of ridicule and anger, the University of Göttingen found courage to stand at her side, and the first female academical student in the Netherlands passed a successful examination in physics and mathematics. The two latest, a Russian from Jaroslaw, and Fräulein Franziska Tiburtius, from the Island of Rügen, in the Baltic, have just maintained their theses and been admitted to the dignity and rights of a doctor's degree. The thirteen ladies who have received medical degrees are said to have exhibited an undoubted vocation for the profession. The extraordinary pressure of female students with which Zurich was threatened at the beginning of the movement has now subsided, and is not likely to recur. —*The Medical Press and Circular.*

A SANITARY UNDERTAKER.—A newspaper, published a number of centuries ago, contains the following advertisement:

"James Maddox, coffin maker, and clerk of St. Olave, Jewry, London, at the sign of the Sugar Loaf and Coffin, in the Old Jewry, secureth the corps of any dead body from any ill scent or annoyance, without embalming, embowelling, or wrapping in sear cloth, for as long time as shall be required, or for as long time as they shall keep them above ground; and if it be desired, they may have a view of the face for three or six months, which he hath performed, as is well known to several persons of quality and others in and about the City of London. This is he that took up the corps at Painswick, in Gloucestershire, after it had been 13 weeks buried. He hath also an excellent way to take up any corps that hath been some time buried, and preserve the same from any ill scent for the conveying of it to any other place, as hath been eminently performed by him. He also (by God's blessing) hath cured several persons of quality of the gout, and giveth ease within half an hour, though the pain be never so violent."—*The Medical Press and Circular.*

SOME HOMŒOPATHIC REMEDIES.—A pretty lively discussion has been going on in the *Hahnemannian Monthly* as to the merits or demerits of "cimex" (physically speaking, bedbug) as a remedy. One writer declares that he does not see "the need and usefulness of triturated and diluted bedbugs," while another writer enters warmly into the defence of the agent, and quotes an author who has "cured with the sixth, and even the twelfth dilutions, the most malignant and obstinate tertian and quartan fevers." This writer also avers that "our literature contains splendid cures" effected by Bufo (bull-frog) and various spiders. The poison of hydrophobia, he says, has effected some remarkable cures, and "glanderin" (the virus of glanders) is a valuable remedy, and he pities the physician who ignores these articles. The effects of "cimex" on one subject are thus described: "At the setting in of the chilly stage, her hands become clenched, she becomes vehement, would like to tear everything to pieces, and her attendant is scarcely able to restrain her." *The Pacific Medical and Surgical Journal* says, "We confess that we can see nothing very extraordinary in such demonstrations consequent on swallowing a bedbug." It seems very much as though homœopathists were getting back to first principles, —snails, crabs' eyes, etc. In their search for novel remedies, we think they have at least certainly reached their *climax.*

A HOSPITAL IN A CRATER.—The Board of Physicians of the Neapolitan Hospital for Incurables have determined to build a hospital in the crater of Solatana, lying between Naples and Pozzuoli, in Southern Italy. The vapor that arises from the crater has been found to be charged not only with sulphur but also with arsenic, and it is said that several persons suffering from lung-diseases have been restored to health by inhaling this vapor for a few weeks.—*The Medical Press and Circular.*

PEANUTS *vs.* OLIVES.—Marseilles annually derives large quantities of peanuts from Pondicherry, which shipments have been largely augmenting. In 1874 thirty thousand bags were imported, and in 1875 one hundred and

eighty thousand bags. As peanuts are almost unknown as an edible in France, we infer that pressure is brought to bear upon them for the extraction of their oil, which turns up afterwards in our salads and Castile soaps.—*Chemist and Druggist.*

REMEDY FOR DANDRUFF.—A French physician recommends to apply a solution of chloral hydrate containing five per cent. of the latter, by rubbing from half to one ounce into the scalp by means of a sponge, and repeating it every morning. A slight burning sensation and reddening of the scalp occur, disappearing after two minutes. If the hair had fallen off in consequence of the dandruff, it will be renewed in about a month.—*Apoth. Ztg.*, No. 25; *Am. Jour. Pharm.*

HOW TO MAKE LEECHES BITE.—The *Medical Press* quotes the following from *Le Progrès Médical.* We scarcely see how a glass half filled with cold water and leeches can be conveniently applied in all cases, but there may be something in the notion: "In order to make leeches 'take' immediately we should put them into a glass half filled with cold water. We should next carefully bathe with warm water the part to which we wish to apply the leeches, and then quickly apply the glass to the skin. By this means the leeches will attach themselves to the skin with surprising rapidity, the patient merely feeling one single bite. When all the leeches have taken, the glass should be removed in such a manner as not to wet the patient. To accomplish this it will be sufficient to receive the water at the most depending part into a sponge. If we wish to apply the leeches to only a very limited surface, all we need do is to place on the glass previously to its application a sheet of strong paper with a hole cut in it of the required size."—*Chemist and Druggist.*

VIVISECTIONOPHOBIA has attacked Paris.

POISONOUS EFFECTS OF SANTONIN.—It is as well to remember that this useful anthelmintic is not without poisonous properties, even in comparatively small doses in some cases, for recently Prof. Binz reported a case in which a child of two years had taken one grain and a half. Violent convulsions set in, which commenced in the face and extended to the extremities, and at the same time respiration was much impeded. The means used for recovery were, warm baths, vinegar enemata, plenty of fluids to drink, and artificial respiration. Prof. Binz's experiments on animals demonstrated that the convulsions produced by santonin could be controlled by chloral or ether. He therefore recommends the same treatment in the human subject, conjoined with artificial respiration, and abundance of laxatives and diluents for the purpose of elimination.—*The Doctor.*

TRAUMATIC TETANUS.—Dr. R. R. Lyons reports a case of recovery in man under the use of chloral.—*Richmond and Louisville Medical Journal*, Oct. 1876.

A NEW TEST-PAPER.—A new test-paper, invented by Waller, is, says the *Chemical News*, prepared by soaking strips of white paper in a solution of coralline. It is exceedingly sensitive to the action of alkalies; very dilute alkaline liquids instantly turn it a beautiful red color. Acids turn it yellow; but, as the reaction is less striking, Dr. Waller proposes to use it only for alkalies, as a substitute for red litmus.—*The Medical Press and Circular.*

A NEW MUCILAGE.—The *Journal de Pharmacie* states that if to a strong solution of gum arabic, measuring 8½ fluidounces, a solution of 30 grains of sulphate of aluminium dissolved in two-thirds of an ounce of water be added, a very strong mucilage is formed, capable of fastening wood together, or of mending porcelain or glass.

AORTIC ANEURISM: CURE.—Dr. John Duncan showed recently to the Medico-Chirurgical Society of Edinburgh a case of aortic aneurism consolidated and apparently cured by rest and the use of iodide of potassium.—*Medical Examiner*, April 20, 1876.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM OCTOBER 22, 1876, TO NOVEMBER 4, 1876, INCLUSIVE.

EDWARDS, L. A., SURGEON.—Leave of absence further extended for six months, on surgeon's certificate of disability. S. O. 230, A. G. O., November 3, 1876.

MCCLELLAN, ELY, SURGEON.—To proceed to Columbia, S.C., and report in person to the Department Commander. S. O. 152, Department of the South, October 19, 1876.

FORWOOD, W. H., SURGEON.—To report in person to the Commanding Officer, Department of the South, for assignment. S. O. 219, A. G. O., October 21, 1876.

JAQUETT, G. P., ASSISTANT-SURGEON.—Assigned to duty at Edgefield, S.C. S. O. 157, Department of the South, October 25, 1876.

BROWN, H. E., ASSISTANT-SURGEON.—Relieved from duty in Department of the South, and to report in person to the Commanding General, Military Division of the Atlantic, for assignment to duty. S. O. 230, A. G. O., November 3, 1876.

STYER, CHAS., ASSISTANT-SURGEON.—Leave of absence extended twenty-three days. S. O. 213, Division of the Atlantic, November 1, 1876.

HALL, J. D., ASSISTANT-SURGEON.—To accompany battalion of First and Third Artillery to Columbia, S.C., S. O. 206, Division of the Atlantic, October 18, 1876, and assigned to temporary duty at Columbia, S.C. S. O. 156, Department of the South, October 24, 1876.

EWEN, C., ASSISTANT-SURGEON.—To accompany battalion of Third Artillery to Columbia, S.C., S. O. 206, c. s. Division of the Atlantic, and assigned to duty at Aiken, S.C. S. O. 155, c. s., Department of the South.

AINSWORTH, F. C., ASSISTANT-SURGEON.—So much of S. O. 182, c. s., A. G. O., as accepts his resignation, to take effect November 10, 1876, is revoked, S. O. 219, c. s., A. G. O., and to report in person to the Commanding Officer, Department of Arizona, for assignment to duty. S. O. 230, A. G. O., November 3, 1876.

BURLL, J. W., ASSISTANT-SURGEON.—To accompany Company A, permanent party from Columbus Barracks, Ohio, to Columbia, S.C., S. O. 155, Fort Columbus, New York Harbor, October 19, 1876, and assigned to duty at Blackville, S.C. S. O. 155, c. s., Department of the South.